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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/599,927	06/26/2007	Masayoshi Komiya	PHDP040005US	6643
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EXAMINER				
PAULS, JOHN A				
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3686				
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

### Office Action Summary

**Application No.**

10/599,927

**Applicant(s)**

KOMIYA ET AL.

**Examiner**

JOHN A. PAULS

**Art Unit**

3686

**Period for Reply** -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 21 August 2009.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 2-4, 8-13 and 15-18 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 2-4, 8-13 and 15-18 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO/SI/08)  
Paper No(s)/Mail Date \_\_\_\_\_
- 4) ☐ Interview Summary (PTO-413)  
Paper No(s)/Mail Date \_\_\_\_\_
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: \_\_\_\_\_

## **DETAILED ACTION**

### ***Continued Examination Under 37 CFR 1.114***

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 21 August, 2009 has been entered.

### ***Status of Claims***

2. This action is in reply to the communication filed on 21 August, 2009.
3. Claims 1, 5 - 7 and 14 have been cancelled.
4. Claims 2 - 4, 8 - 13 and 15 - 18 have been amended.
5. Claims 2 - 4, 8 - 13 and 15 - 18 are currently pending and have been examined.

### ***Claim Rejections - 35 USC § 112***

6. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

7. Claims 2 - 13 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. Independent Claim 5 recites means for, however, the

specification does not disclose specific structure or acts as required by USC 112 6<sup>th</sup> paragraph. Therefore the scope of the claims is not clear.

8. Claims 8, 2 – 4, 9, 10 and 13 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. Independent Claim 8 recites the following limitations:

- *“a clinical communications database having stored therein...an e-mail containing...(2) medical record information of the identified patient;*
- *“a clinical communication information extraction section which extracts the medical record information from the e-mail...”;*
- *an information update section which updates the medical record information of the identified patient in the electronic medical record database with the medical record information extracted from the e-mail...”.*

Examiner notes that the term “*medical record information*” is used for both information contained in the medical records database and information contained in the e-mail. The use of the same term for clearly different sets of information makes the claim indefinite.

9. Claims 11 and 1 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. Independent Claim 11 recites the following limitations:

- *“a clinical communication information extraction section which extracts the medical record information in the e-mail...”;*

- *“an information update section which updates the medical record information of the identified patient in the electronic medical record database with the extracted medical record information, the information update section linking the e-mail and the medical records of each identified patient;”*
- *“the display control...while linking the medical record information and the clinical communication information with each other”.*

Examiner notes that the term “*medical record information*” is used for both information contained in the medical records database and information contained in the e-mail. The use of the same term for clearly different sets of information makes the claim indefinite. Regarding the last limitation shown above, Examiner cannot determine if the “*medical record information*” is the information contained in the medical records database or information contained in the e-mail.

Regarding the limitation:

- *“an information update section which updates the medical record information of the identified patient in the electronic medical record database with the extracted medical record information, the information update section linking the e-mail and the medical records of each identified patient;”*

The term “*the medical records*” has insufficient antecedent basis for this limitation in the claim.

Examiner also notes the following limitation of Claim 11:

- *“a clinical communications database having stored therein...an e-mail containing...(2) additional medical record information of the identified patient.*

Examiner notes that attaching the term “*additional*” to the “*medical record information*” distinguishes it from “*medical record information*” contained in the medical records database.

***Claim Rejections - 35 USC § 103***

10. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

11. The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

12. Claims 2 – 4, 8 and 13 are rejected under 35 U.S.C. 103(a) as being obvious over Smith (US PG PUB 2003/0069759 A1) and in further view of Weinger (US 6,424,699 B1).

## CLAIM 8

Smith as shown discloses a healthcare management system with the following limitations:

*A hospital information system comprising:*

- *an electronic medical record database having stored therein electronic medical record information including at least: clinical pathways (i.e. healthcare activities), medical record information for patients, and follow-up sheets for the patients; (see at least Smith paragraph 0019 and 0153);*
- *a clinical communication database having stored therein clinical communication information including at least event information for the patients, event information for medical care professionals; (see at least Smith paragraph 0019, 0020 0065 - 0074 and 0146 - 0148);*
- *a clinical communication device connected to the electronic medical record database and the clinical communicator database through a communication link; (see at least Smith paragraph 0019, 0022, 0164 and 0174)*
- *the clinical communication device including:*
  - *electronic medical record information extraction section for extracting the electronic medical record information from the electronic medical record database; (see at least Smith paragraph 0019 and 0020);*
  - *a clinical communication information extraction section which extracts the medical record information from the e-mail from the clinical communicator database for the identified patient; (see at least Smith paragraph 0181);*

- *an information update section which updates the medical record information of the identified patient in the electronic medical record database with the medical record information extracted from the e-mail stored in the clinical communication database; (see at least Smith paragraph 0173, 0181 and 0184);*
- *display control which displays the electronic medical record information and the clinical communication information, while linking them with each other; and a display device controlled by the display control to display the medical record information and the clinical communication information; (see at least Smith paragraph 0019, 0020, 0140, 0146, 0156, 0173, 0181 and 0183).*

Smith as shown discloses the limitations shown above. Smith may or may not disclose the following limitation; however, Weinger does:

- *e-mails exchanged between the medical care professionals including an e-mail containing (1) patient information indices which identifies a patient in the electronic medical record database and (2) medical record information of the identified patient; (see at least Weinger column 2 line 47 – 58 and column 3 line 1 – 26).*

Weinger discloses a medical chart storage system which includes e-mails containing patient information and medical data. Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the healthcare management system of Smith so as to have included e-mails containing patient information and medical data, in accordance with the teaching of Weinger, in order to dramatically enhance the efficiency of health care to the patient (Weinger column 2 line 22 – 23), since so doing could be performed



readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

The combination of Smith/Weinger may or may not disclose that a “*clinical communicator database*” per se, however, it is old and well known in the art that databases may be configured as separate databases or they may be combined into one database. (see paragraph 0021 of the present application). Therefore, it would be obvious to one of ordinary skill in the art at the time of the invention to modify the healthcare management system of Smith/Weinger so as to have included a “*clinical communicator database*”, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

#### **CLAIMS 2 – 4 and 13**

The combination of Smith/Weinger as shown discloses the limitations shown above relative to Claim 8. Additionally, Smith discloses the following limitations:

- *the electronic medical record information includes: diagnosis information; (see at least Smith paragraph 0087 - 0095); order information; (see at least Smith paragraph 0096 - 0131);*
- *the display control generates a scheduling table containing the event information for the patients; (health care activities); (see at least Smith paragraph 0020 0060 0065 – 0074 and 0146 - 0131); and the event information for the medical care professionals; (see at least Smith paragraph 0065 and 0148);*

- *displays the diagnosis and treatment records; (see at least Smith paragraph 0087 - 0095); the order information; (see at least Smith paragraph 0096 - 0131); the follow-up sheets; (see at least Smith paragraph 0153); and the clinical pathways from the scheduling table; (see at least Smith paragraph 0008);*
  - *the information update means sets an importance level to information that is to be exchanged between the medical care professionals; (see at least Smith paragraph 0140);*
  - *the display control means issues an alert when a scheduled time to implement an event for the patients and/or an event for the medical care professionals has passed; (see at least Smith paragraph 0075 - 0076);*
  - *the display control mutually exchanges the medical record information from the electronic medical record database and the clinical communication information from the clinical information database to generate the scheduling table in accordance with current patient conditions to set the clinical pathways; (see at least Smith paragraph 0019, 0020, 0065 - 0074 and 0146 - 0148).*
13. Claims 9, 10 and 11 are rejected under 35 U.S.C. 103(a) as being obvious over Smith (US PG PUB 2003/0069759 A1) and in further view of Weinger (US 6,424,699 B1) and in further view of Sussman (US PG PUB 2003/0018495 A1).

#### **CLAIMS 9 and 10**

The combination of Smith/Weinger as shown discloses the limitations above relative to Claim 8. Smith also discloses the following limitations:

- *the electronic medical record database stores clinical pathways including scheduled patient treatments and the medical care professionals to provide the patient treatments;* (see at least Smith 0019 and 0020);
- *the medical record extraction means extracts the medical information for the identified patient in the e-mail;* (see at least Smith paragraph 0181);
- *the information update means links the e-mail and the medical records of the identified patient and causes the display device to display the e-mail and the medical record information of the identified patient;* (see at least Smith paragraph 0084, 0173 and 0181 - 0184).

The combination of Smith/Weinger as shown discloses the limitations above relative to Claim 8. Additionally, Weinger discloses the following limitations::

- *the clinical communication database includes e-mails exchanged between the medical care professionals including an e-mail containing (1) patient information which identifies a patient with medical record information stored in the electronic medical record database, and (2) medical record information of the identified patient;* (see at least Weinger column 2 line 47 – 58 and column 3 line 1 - 26).

Weinger discloses a medical chart storage system which includes e-mails containing patient information and medical data. Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the healthcare management system of Smith so as to have included e-mails containing patient information and medical data, in accordance with the teaching of Weinger, in order to dramatically enhance the efficiency of

health care to the patient (Weinger column 2 line 22 – 23), since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

The combination of Smith/Weinger as shown discloses the limitations above relative to Claim 8.

Smith/Weinger may or may not disclose the following limitations; however, Sussman does:

- *the clinical communication database stores medical care professional event information including a personal calendar including scheduled absences and in- hospital meetings for medical care professionals; the display control receives the medical care professional event information for a given medical care professional from the clinical communication database and the scheduled patient treatments which the given medical care professional is to provide from the electronic medical record database and controls the display device to display a combined display including the personal calendar of the given medical care professional and the scheduled patient treatments which the given medical care professional is to provide; (see at least Sussman 0081 – 0020).*

Sussman discloses a medical prescription acquisition system which includes a personal medical care professional calendar. Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the healthcare management system of Smith/Weinger so as to have included a personal medical care professional calendar, in accordance with the teaching of Sussman, in order to allow patients to schedule appointments through the Internet, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

## CLAIM 11

Smith as shown discloses a healthcare management system with the following limitations:

- *an electronic medical record database having stored therein electronic medical record information, including scheduled patient treatments and medical care professionals to provide the patient treatments, medical record information for patients and follow-up sheets for the patients; (see at least Smith paragraph 0019 and 0153);*
- *a clinical communication database having stored therein clinical communication information including at least event information for the patients; (see at least Smith paragraph 0019, 0020, 0065 - 0074 and 0146 - 0148);*
- *a display device; (see at least Smith paragraph 0019);*
- *a clinical communication device connected to the electronic medical record database and the clinical communicator database through a communication link; (see at least Smith paragraph 0019, 0022, 0164 and 0174);*
- *the clinical communication device including:*
  - *electronic medical record information extraction section for extracting the electronic medical record information for each identified patient from the e-mails stored in the electronic medical record database; (see at least Smith paragraph 0019 and 0020);*
  - *a clinical communication information extraction section which extracts the medical record information in the e-mails stored in the clinical communicator database; (see at least Smith paragraph 0181);*

- *an information update section which updates the medical record information of the identified patient in the electronic medical record database with the extracted medical record information, the information update section linking the e-mail and the medical records of each identified patient; (see at least Smith paragraph 0173, 0181 and 0184);*
- *to display the electronic medical record information from the electronic records database and e-mails from the clinical communication database while linking the medical record information and the clinical communication information with each other; (see at least Smith paragraph 0019, 0140, 0181 and 0183).*

Smith as shown discloses the limitations shown above. Smith may or may not disclose the following limitation; however, Weinger does:

- *e-mails exchanged between the medical care professionals including e-mails exchanged between the medical care professionals including an e-mail containing (1) patient information which identifies a patient who has some medical record information stored in the electronic medical record database, and (2) additional medical record information for the identified patient; (see at least Weinger column 2 line 47 – 58 and column 3 line 1 – 26).*

Weinger discloses a medical chart storage system which includes e-mails containing patient information and medical data. Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the healthcare management system of Smith so as to have included e-mails containing patient information and medical data, in

accordance with the teaching of Weinger, in order to dramatically enhance the efficiency of health care to the patient (Weinger column 2 line 22 – 23), since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

The combination of Smith/Weinger may or may not disclose that a “*clinical communicator database*” per se, however, it is old and well know in the art that databases may be configured as separate databases or they may be combined into one database. (see paragraph 0021 of the present application). Therefore, it would be obvious to on of ordinary skill in the art at the time of the invention to modify the healthcare management system of Smith/Weinger so as to have included a “*clinical communicator database*”, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

The combination of Smith/Weinger as shown discloses the limitations above. Smith/Weinger may or may not disclose the following limitations; however, Sussman does:

- *the display control which receives the medical care professional event information for a given medical care professional from the clinical communication database and the scheduled patient treatments which the given medical care professional is to provide from the electronic medical record database and controls the display device to display a combined personal schedule of the medical care professional event information and the patient treatments which the given medical care professional is to provide; (see at least Sussman 0081 – 0020);*

- *a personal calendar for medical care professionals including schedule absences and in-hospital meetings for the medical care professionals*; (see at least Sussman 0081 – 0020);
- *display personal calendar*; (see at least Sussman 0081 – 0020).

Sussman discloses a medical prescription acquisition system which includes a personal medical care professional calendar. Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the healthcare management system of Smith/Weinger so as to have included a personal medical care professional calendar, in accordance with the teaching of Sussman, in order to allow patients to schedule appointments through the Internet, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

14. Claim 12 is rejected under 35 U.S.C. 103(a) as being obvious over Smith (US PG PUB 2003/0069759 A1) and in further view of Weinger (US 6,424,699 B1) and in further view of Sussman (US PG PUB 2003/0018495 A1) and in further view of Akers et al. (US PG PUB 2002/0169637 A1).

## **CLAIM 12**

The combination of Smith/Weinger/Sussman as shown discloses the limitations above.

Smith/Weinger/Sussman may or may not disclose the following limitations; however, Akers does:

- *the display control means controls the display device to display color-coded alerts regarding the personal schedule and the patient treatments*; (see at least Akers paragraph 0032 and 0078).



Akers does not specifically disclose “*color coded alerts*” per se, but does disclose notifications in order of priority or urgency. It would be obvious to one of ordinary skill in the art at the time of the invention to modify the notification of Akers to provide color coded alert since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

Akers discloses an electronic medical file management system which includes transferring medical records by e-mail. Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the healthcare management system of Smith/Weinger/Sussman so as to have included transferring medical records by e-mail, in accordance with the teaching of Akers, in order to allow for the secure transfer of medical files, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

15. Claims 15 – 18 are rejected under 35 U.S.C. 103(a) as being obvious over Smith (US PG PUB 2003/0069759 A1) and in further view of Sussman (US PG PUB 2003/0018495 A1).

#### **CLAIM 16**

Smith as shown discloses a healthcare management system with the following limitations:

- *a medical record memory which stores medical record information for each of a plurality of patients including medical treatment schedules including patient event information including treatments and medical care professionals to provide the treatments; (see at least Smith paragraph 0019, 0020 and 0153);*

- *a clinical communicator memory which stores clinical communication information including event information including personal schedules for each of a plurality of medical care professionals and e-mails among the medical care professionals containing medical treatment information about the patients; (see at least Smith paragraph 0020, 0065, 0148 and 0181);*
- *a display device; (see at least Smith paragraph 0019 and 0020);*
- *a display control section which links the medical information stored in the medical record memory and the clinical communication information stored in the clinical communication memory; (see at least Smith paragraph 0019, 0020, 0074 and 0148);*

Smith as shown discloses the limitations above. Smith may or may not disclose the following limitations; however, Sussman does:

- *generate a scheduling table based on the patient event information and the medical care professional event information and which controls the display device to display the scheduling table; (see at least Sussman paragraph 0081 - 0085).*

Sussman discloses a medical prescription acquisition system which includes a personal medical care professional calendar. Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the healthcare management system of Smith/Weinger so as to have included a personal medical care professional calendar, in accordance with the teaching of Sussman, in order to allow patients to schedule appointments through the Internet, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

### **CLAIMS 15 and 17**

The combination of Smith/Sussman discloses the limitations above relative to Claim 16. Smith also discloses the following limitations:

- *an information update section which updates the medical record information stored in the medical record memory with the medical treatment information contained in the e-mails stored in the clinical communications memory; (see at least Smith paragraph 0173, 0181 and 0184);*
- *the display control section mutually exchanges the medical record information from the medical record memory and the clinical communication information from the clinical information memory to generate the scheduling table in accordance with current patient conditions to set the medical treatment schedules; (see at least Smith paragraph 0019, 0020, 0074 and 0148).*

### **CLAIM 18**

The combination of Smith/Sussman discloses the limitations above relative to Claim 16.

Smith/Weinger may or may not disclose the following limitations; however, Sussman does:

- *the scheduling table is generated with reference to the medical care professional events, in-hospital events, other information provided by the medical care professionals to perform reality-based process control to support scheduling efficiency; (see at least Sussman paragraph 0081 - 0085).*

Sussman discloses a medical prescription acquisition system which includes a personal medical care professional calendar. Therefore, it would have been obvious to one of ordinary skill in the

art, at the time of the invention, to have modified the healthcare management system of Smith/Weinger so as to have included a personal medical care professional calendar, in accordance with the teaching of Sussman, in order to allow patients to schedule appointments through the Internet, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

### ***Response to Arguments***

Applicant's arguments filed 21 August, 2009 have been fully considered but they are moot in light of the new ground of rejection.

### ***Conclusion***

Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action.

Any inquiry of a general nature or relating to the status of this application or concerning this communication or earlier communications from the Examiner should be directed to **John A. Pauls** whose telephone number is **(571) 270-5557**. The Examiner can normally be reached on Monday to Friday 7:30 to 5:00 4/5/9. If attempts to reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **Jerry O'Connor** can be reached at **571.272.6787**.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://portal.uspto.gov/external/portal/pair>. Should you have questions on access to

the Private PAIR system, contact the Electronic Business Center (EBC) at **866.217.9197** (toll-free).

Any response to this action should be mailed to:

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

or faxed to (571) 273-**8300**.

Hand delivered responses should be brought to the **United States Patent and Trademark**

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Date: 10 September, 2009

/J. A. P./

Examiner, Art Unit 3686

/Gerald J. O'Connor/  
Supervisory Patent Examiner  
Group Art Unit 3686